

**CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT**

**Application for Assistant
Inspector Program**

To be completed by the Applicant. Form must be signed by Applicant and 2 Architects and/or Structural Engineers. This application must be submitted to DSA Headquarters at 1102 Q Street, Suite 5100, Sacramento, CA 95814, along with a check for \$110 made payable to "Division of the State Architect."

You must be accepted into the program prior to submitting any Assistant Inspector Qualification Record (Form DSA-5A) for project inspection.

PRINT OR TYPE

Applicant's Name _____ Date of Birth _____

Address _____ Work Phone () _____

City _____ County _____ State _____ Zip _____ Home Phone () _____

ANSWER THE FOLLOWING QUESTIONS REGARDING PREVIOUS EMPLOYMENT IN BUILDING CONSTRUCTION OR INSPECTION:

1. Have you ever: (If "YES", give details in Item 4.)

a. Been dismissed or fired from a position for any reason? ☐ Yes ☐ No

b. Resigned from or quit a position while under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ☐ Yes ☐ No

c. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ Yes ☐ No

2. Do you meet the minimum age requirement of 25 years or older? ☐ Yes ☐ No

3. Do you meet the minimum building construction or inspection experience requirement of 3 years? ☐ Yes ☐ No

4. Explanations:

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? ☐ Yes ☐ No IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? ☐ Yes ☐ No

If Not, Enter The Highest Grade You Completed _____

University Or College-- Business, Correspondence, Trade Or Service School; Name And Location:

Course Of Study _____

Units Completed: Semester _____ Quarter _____

Diploma, Degree Or Certificate Obtained _____ Date Completed _____

LIST BELOW VALID LICENSES, CERTIFICATES OF BUILDING CONSTRUCTION OR INSPECTION, OR MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS.

License/Certification Description _____

Certificate Number _____ Expiration Date: _____

License/Certification Description _____

Certificate Number _____ Expiration Date: _____

Experience Record - Provide at least 3 years of previous building construction or inspection experience that best qualifies you for consideration on a school construction project as an Assistant Inspector. Begin with your most recent job. List each job separately. If additional space is required, list the remaining jobs on DSA form "Assistant Inspector Experience Supplemental Form."

Project Name: _____ Job Title: ☐ Project Inspector ☐ Field Superintendent
☐ Construction Trade _____
☐ Other _____
 Construction Cost \$ _____
 Check one: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs Dates employed: FROM _____ TO _____
 Structural systems of new construction or structural alterations: Employer _____
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame Employer's Phone () _____

Project Name: _____ Job Title: ☐ Project Inspector ☐ Field Superintendent
☐ Construction Trade _____
☐ Other _____
 Construction Cost \$ _____
 Check one: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs Dates employed: FROM _____ TO _____
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☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame Employer's Phone () _____

1st Design Professional Recommendation (must be a California licensed Architect or Structural Engineer)

I find _____ to be suitably qualified to be considered for approval as an assistant inspector on a school construction project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

California license type: ☐ Architect ☐ Structural Engineer License #: _____ Exp. Date: _____

2nd Design Professional Recommendation (must be a California licensed Architect or Structural Engineer)

I find _____ to be suitably qualified to be considered for approval as an assistant inspector on a school construction project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

California license type: ☐ Architect ☐ Structural Engineer License #: _____ Exp. Date: _____

AFFIDAVIT OF APPLICANT-IMPORTANT-PLEASE READ BEFORE SIGNING--If not signed, this application will be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge I further understand that any false, incomplete, or incorrect statements may result in my disqualification. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT'S SIGNATURE	DATE SIGNED
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